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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 10/163,403 06/05/2002 PAT 6,669,673
 which is a CON of 09/569,712 05/09/2000 PAT 6,572,592
 which is a CON of 08/905,370 08/04/1997 ABN
 which is a CON of 08/334,846 11/04/1994 PAT 5,685,866
 which is a CON of 08/096,659 07/23/1993 PAT 5,695,466
 which is a CIP of PCT/US92/10367 12/01/1992
 which is a CIP of 07/813,073 12/18/1991 ABN

** FOREIGN APPLICATIONS ***** none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/06/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 19	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

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TITLE
 Medical valve and method of use

FILING FEE RECEIVED 4372	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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